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of EXPIRES: 08/31/2002

NRC FORM 653 U.S. NUCLEAR REGULATORY COMMISSION (11-2000) 10 CFR 32

TRANSFERS OF INDUSTRIAL DEVICES REPORT

APPROVED BY OMB: NO. 3150-0001

Estimated burden per response to comply with this mandatory collection request: 24 minutes. NRC requests quarterly reports to keep apprised of device movements. Send comments regarding burden estimate to the Records Management Branch (T-6 E6), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bjs1@nrc.gov, and to the Desk Officer, Office of Information and Regulatory Affairs, NEOB-10202, (3150-0001), Office of Management and Budget, Washington, DC 20503. If a means used to impose an information collection does not display a currently.

(Continue on	NRC Form 653	BA or NRC	Form 653B, as appropr	iate)	valid OMB c		RC may no	n does not display a currently t conduct or sponsor, and a ation collection.
NAME OF VENDOR				REPORTING PERIOD				
LICENSE NUMBER				FROM				TO
Fo	r each "person" (to whom a d	evice(s) has been transfe	red during t	the reporting	g period, supply t	he follow	ing:
			INTERMEDIATE P	ERSON (if a	ny)			
NAME OF INTERMEDIATE PE	RSON	SPONSIBLE INDIVIDUAL	TITLE OF RESPONSIBLE INDIVIDUAL				TELEPHONE	
		ı	GENERAL LICENSEE U	SER INFOR	MATION			
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)				
DEPARTMENT				1				
NAME OF RESPONSIBLE IND	DIVIDUAL		TELEPHONE					
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			INFORMATION ON DEVI	CE(S) TRANS	SFERRED			
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			INTERMEDIATE	EDOON (% -				
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			GENERAL LICENSEE U	SER INFOR	MATION			
NAME OF GENERAL LICENSE	EE USER			MAILING ADD	DRESS AT THE L	LOCATION OF USE (N	o., P.O. Box	ces, include Zip Code)
DEPARTMENT								
NAME OF RESPONSIBLE IND	NAME OF RESPONSIBLE INDIVIDUAL TELEPHONE							
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TRANSFERS OF INDUSTRIAL DEVICES REPORT (Continuation)

	For each "pe	erson" to whom a de	vice(s) has been receiv	red during the reporting period, supply the following:			
			GENERAL LICENSEE U	JSER INFORMATION			
NAME OF GENERAL LICENSEE USER				MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT				-			
INFORMATION ON DEVICE(S) RECEIVED							
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	ERIAL NUMBER MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)			
			GENERAL LICENSEE U	JSER INFORMATION			
NAME OF GENERAL I	LICENSEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT				_			
			INFORMATION ON DE	EVICE(S) RECEIVED			
DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)			
			GENERAL LICENSEE (JSER INFORMATION			
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DATE OF RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	MANUFACTURER OR INITIAL TRANSFEROR (IF NOT REPORTING PARTY)			
			GENERAL LICENSEE U	JSER INFORMATION			
NAME OF GENERAL I	LICENSEE USER			MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)			
DEPARTMENT							
DATE OF	TVDE OF		INFORMATION ON DE	MANUFACTURER OR INITIAL TRANSFEROR			
RECEIPT	TYPE OF DEVICE	MODEL NUMBER	SERIAL NUMBER	(IF NOT REPORTING PARTY)			

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U.S. NUCLEAR REGULATORY COMMISSION

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	For each	device for which r	equired label inform	nation has been cl	nanged, supply the	following:				
		G	SENERAL LICENSEE	USER INFORMATI	ON					
NAME OF GENERAL LIC	ENSEE USER			MAILING ADDRESS	MAILING ADDRESS AT THE LOCATION OF USE (No P.O. Boxes, include Zip Code)					
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DEFACTIVIENT										
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TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIA L NUMBER	NEW SERIAL NUMBER, IF CHANGED	PREVIOUS ISOTOPE	NEW ISOTOPE, IF CHANGED	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS, IF CHANGED			
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DEPARTMENT										
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TYPE OF	MODEL	PREVIOUS SERIA L	NEW SERIAL NUMBER,	PREVIOUS	NEW ISOTOPE,	PREVIOUS LABEL ACTIVITY	LABEL ACTIVITY AND UNITS,			
DEVICE	NUMBER	NUMBER	IF CHANGED	ISOTOPE	IF CHANGED	AND UNITS	IF CHANGED			
		G	SENERAL LICENSEE							
NAME OF GENERAL LIC	ENSEE USER			MAILING ADDRESS	S AT THE LOCATION OF U	ISE (No P.O. Boxes, inclu	ıde Zip Code)			
DEPARTMENT				_						
TYPE OF	MODEL	PREVIOUS	INFORMATION ON D	PREVIOUS	NEW ISOTOPE.	PREVIOUS LABEL	LABEL ACTIVITY			
DEVICE	NUMBER	SERIA L NUMBER	NUMBER, IF CHANGED	ISOTOPE	IF CHANGED	ACTIVITY AND UNITS	AND UNITS, IF CHANGED			
		C	SENERAL LICENSEE	USER INFORMATI	ON					
NAME OF GENERAL LIC	ENSEE USER			MAILING ADDRESS	AT THE LOCATION OF U	ISE (No P.O. Boxes, inclu	ıde Zip Code)			
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	I		INFORMATION ON D	EVICE(S) RECEIVE	D	1 ===::::::::::::::::::::::::::::::::::				
TYPE OF DEVICE	MODEL NUMBER	PREVIOUS SERIA L NUMBER	NEW SERIAL NUMBER, IF CHANGED	PREVIOUS ISOTOPE	NEW ISOTOPE, IF CHANGED	PREVIOUS LABEL ACTIVITY AND UNITS	LABEL ACTIVITY AND UNITS, IF CHANGED			
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